

National Voter Study

Thank you for agreeing to take our survey. We will be asking you some questions; we are looking for your honest opinions. The survey should take approximately 20 minutes to complete, and all your responses will be kept confidential. We are not trying to sell you anything, and no one will contact you for any reason as a result of participating in the survey without your consent. To participate, simply answer the question(s) on each page and **[IF MOBILE “touch”, else “click”, NOT BOLD or QUOTE MARKS]** the “Next” button to progress in the survey. Your responses will be submitted as you progress through the survey.

Click the “Next” button below to begin.

Section 1 – Initial Demographics

1. Are you registered to vote?

Yes	100%
No	TERMINATE
Unsure	TERMINATE

2. Please select your state of residence.

Alabama	2%	Montana	*
Alaska	*	Nebraska	1
Arizona	3	Nevada	1
Arkansas	1	New Hampshire	1
California	10	New Jersey	3
Colorado	1	New Mexico	1
Connecticut	1	New York	6
Delaware	1	North Carolina	4
District of Columbia	*	North Dakota	*
Florida	5	Ohio	4
Georgia	4	Oklahoma	1
Hawaii	*	Oregon	1
Idaho	*	Pennsylvania	5
Illinois	4	Rhode Island	*
Indiana	2	South Carolina	1
Iowa	1	South Dakota	1
Kansas	1	Tennessee	2
Kentucky	2	Texas	5
Louisiana	1	Utah	1
Maine	*	Vermont	*
Maryland	2	Virginia	3
Massachusetts	2	Washington	2%
Michigan	3	West Virginia	1
Minnesota	1	Wisconsin	2
Mississippi	2	Wyoming	--
Missouri	2		

* indicates that fewer than one half of one percent of respondents gave that response.

-- indicates that no respondents gave that response.

Please note that due to rounding, totals may equal a few points more or less than one hundred

3. What is your age?

18-24	6%
25-29	8
30-34	8
35-39	14
40-44	13
45-49	8
50-54	7
55-59	7
60-64	8
65-69	10
70-74	9
75+	1

4. What is your gender? Are you...

Male	47%
Female	53
I identify differently. (Please specify)	--

5. Generally speaking, do you think of yourself as a:

Democrat	33%
Republican	34
Independent	29
Something else (please specify)	1
Unsure	3

6. Thinking in political terms, do you consider yourself to be:

Very Liberal	12%
Somewhat Liberal	13
Moderate	36
Somewhat Conservative	19
Very Conservative	16
Unsure	3

7. Just to make sure we have a representative sample, what is your race or ethnicity? You may select all that apply.

White/Caucasian	70%	
African American/Black	14	
Hispanic/Latino/Latina	18	
East Asian (Chinese, Japanese, Vietnamese, Korean, Taiwanese, etc.)	3	6 %
South Asian (Indian, Bangladeshi, Pakistani, Nepalese, Sri Lankan, etc.)	1	
Filipino	1	
Other Asian (Thai, Cambodian, Laotian, etc.)	1	
Pacific Islander	1	
Middle Eastern	*	
Native American (Apache, Cherokee, Lakota, Navajo, etc.)	3	
Other (please specify)	1	
Unsure	*	

[IF IN Q7 RESPONDENT ONLY SELECTS ONE OPTION FROM AC1 TO AC11, SKIP TO Q9. IF RESPONDENT SELECTS > ONE, ASK Q8. n=115]

8. Which race or ethnicity do you identify with the MOST? Please select only one option below.
ONLY SHOW ACS SELECTED AT Q7

White/Caucasian	44%	
African American/Black	11	
Hispanic/Latino/Latina	25	
East Asian (Chinese, Japanese, Vietnamese, Korean, Taiwanese, etc.)	1	3%
South Asian (Indian, Bangladeshi, Pakistani, Nepalese, Sri Lankan, etc.)	*	
Filipino	*	
Other Asian (Thai, Cambodian, Laotian, etc.)	1	
Pacific Islander	*	
Middle Eastern	--	
Native American (Apache, Cherokee, Lakota, Navajo, etc.)	1	
Other: specify _____	--	
I identify with my different races/ethnicities equally	17	
Unsure	--	

QC_Ethnicity

White/Caucasian	65%
African American/Black	13
Hispanic/Latino/Latina	13
Asian and Pacific Islander	5
Mixed/Other	4

[RESUME ASKING EVERYONE]

9. What is the *highest level* of education you have completed? Please select one response.

Grade school or some high school	2%	63%
High school diploma (finished grade 12)	21	
Some college (includes junior/community college – no bachelor's degree)	31	
Technical, vocational, or trade school	9	
University/College degree	27	37%
Postgraduate degree	10	
Unsure	--	

Section 2—General End of Life Experiences and Perspectives

10. How confident are you that you can get the quality health care you need when it comes to each of the following?

[RANDOMIZE]		Very confident	Somewhat confident	Not Confident	Unsure
a.	Basic health care needs, including regular health care check ups	59%	30%	8%	3%
b.	Emergency medical care	53	34	10	3
c.	End-of-life care, that is, the health care provided in the time leading up to a person's death when they are terminally ill	34	38	20	8
d.	Mental health care	38	38	20	5
e.	Treating a serious disease, such as cancer	40	35	19	5
f.	Treatment for chronic illness, such as diabetes, heart disease or arthritis	45	38	14	3

11. In this survey, we are going to ask you questions about a variety of topics. First, here are questions about an *advance directive* or *living will*. These are documents expressing your wishes about what medical care you would want—or would not want—in case you are sick or injured and are unable to speak for yourself. Prior to this survey, how familiar would you say you were with an advance directive or living will?

Very familiar	34%
Somewhat familiar	50
Not familiar	14
Unsure	2

12. And have you completed any documents, like an advance directive or living will, expressing your wishes about what medical care you would want—or would not want—in case you are sick or injured and are unable to speak for yourself?

Yes	37%
No	58
Unsure	5

13. How important do you personally feel it is to have an advanced directive or living will?

Very important	60%
Somewhat important	33
Not important	3
Unsure	5

14. As you may know, advance directives do not address a person’s end-of-life care preference should they get dementia. Have you completed any documents expressing your wishes about what medical care you would want—or would not want— in case you get dementia?

Yes	24%
No	68
Unsure	8

15. Do you have a written order indicating who your health care proxy is? A health care proxy is the person you select in advance to speak on your behalf if you can no longer speak for yourself because you are unconscious or living with Alzheimer’s disease or dementia.

Yes	36%
No	58
Unsure	6

[ASK IF HAS HEALTH CARE PROXY Q15 = YES (AC1) n=362]

16. Have you notified the person you selected to be your health care proxy that you have selected them to be your health care proxy?

Yes	93%
No	5
Unsure	2

[ASK IF Q12=YES n=367]

17. Have you shared your advance directive or living will with the person who is your health care proxy or with your doctor?

Yes, I have shared it with my health care proxy	45%
Yes, I have shared it with my doctor	12
Yes, I have shared it with <u>both</u> my health care proxy and doctor	18
No, I have not shared it	21
Unsure	4

[RESUME ASKING EVERYONE]

18. Have you had discussions with any of the following people about your end-of-life care preferences and priorities? Please select all that apply. **[ALLOW MULTIPLE RESPONSES][RANDOMIZE]**

Your primary health care provider, such as your doctor or nurse	17%
Health care specialists (e.g., cardiologists, obstetricians/gynecologists, orthopedic surgeons, physical therapists, oncologists)	10
Your closest friends	19
Your immediate family members (including chosen family members/people you consider like immediate family)	58
Your extended family (family members you don’t interact with daily but could potentially be there if you are dying)	14
[IF YES IN Q15 (AC 1)] The person you selected as your health care proxy (n=198)	20
Unsure [EXCLUSIVE]	21

19. And how comfortable would you feel discussing your end-of-life care preferences and priorities with each of the following?

[RANDOMIZE]		Very comfortable	Somewhat comfortable	Not comfortable	Not applicable	Unsure
a.	Your primary health care provider, such as your doctor or nurse	48%	33%	12%	3%	4%
b.	Health care specialists (e.g., cardiologists, obstetricians/gynecologists, orthopedic surgeons, physical therapists, oncologists)	42	36	15	3	4
c.	Your closest friends	40	30	20	6	4
d.	Your immediate family members (including chosen family members/people you consider like immediate family)	61	25	8	3	3
e.	Your extended family (family members you don't interact with daily but could potentially be there if you are dying)	32	31	26	7	4
f.	[IF YES IN Q15 (AC 1)] The person you selected as your health care proxy	76	19	4	*	1

20. And if you were facing an advanced, terminal illness, how confident are you that each of the following would ensure you get the end-of-life care that matches your priorities and preferences?

[RANDOMIZE]		Very confident	Somewhat confident	Not confident	Unsure
a.	Your primary health care provider, such as your doctor or nurse	45%	37%	11%	7%
b.	Health care specialists (e.g., cardiologists, obstetricians/gynecologists, orthopedic surgeons, physical therapists, oncologists)	40	40	13	7
c.	Your closest friends	40	33	17	10
d.	Your immediate family members (including chosen family members/people you consider like immediate family)	63	24	8	6
e.	Your extended family (family members you don't interact with daily but could potentially be there if you are dying)	33	33	25	9
f.	[IF YES IN Q15 (AC 1)] The person you selected as your health care proxy	73	22	5	1

21. People use a variety of words and phrases when discussing end-of-life care. How would you rate your feelings toward each of the following words and phrases? Choose any number from zero to 10 on the slider. The higher the number, the warmer or more favorable you feel toward that phrase. The lower the number, the cooler or less favorable you feel toward that phrase.

	[RANDOMIZE]	10	9	8	7	6	5	4	3	2	1	0
a.	Wishes for end-of-life care	21%	11%	17%	19%	12%	6%	5%	4%	2%	1%	2%
b.	Preferences and priorities for end-of-life care	18	10	20	18	14	7	4	4	3	1	2
c.	Values and priorities for end-of-life care	15	11	16	18	15	7	6	5	3	1	2
d.	Goals for the end-of-life care	13	8	14	17	15	8	6	7	4	3	4

RANDOM LEAST FILL n=100 RESPONDENTS; EACH RESPONDENT ASKED JUST ONE OF Q22, Q23 Q24 OR NONE, SKIP TO Q25 IF CODED AS NONE n=102]

22. What comes to mind for you when you think about wishes in regards to end-of-life care?

[INSERT OPEN-END TEXT BOX]

RANDOM LEAST FILL n=100 RESPONDENTS; EACH RESPONDENT ASKED JUST ONE OF Q22, Q23 Q24 OR NONE, SKIP TO Q25 IF CODED AS NONE n=107]

23. What comes to mind for you when you think about preferences and priorities in regards to end-of-life care?

[INSERT OPEN-END TEXT BOX]

RANDOM LEAST FILL n=100 RESPONDENTS; EACH RESPONDENT ASKED JUST ONE OF Q22, Q23 Q24 OR NONE, SKIP TO Q25 IF CODED AS NONE, n=111]

24. What comes to mind for you when you think about values and priorities in regards to end-of-life care?

[INSERT OPEN-END TEXT BOX]

RANDOM LEAST FILL n=100 RESPONDENTS; EACH RESPONDENT ASKED JUST ONE OF Q22, Q23, Q24, Q24b OR NONE, SKIP TO Q25 IF CODED AS NONE n=110]

Q24b. What comes to mind for you when you think about goals in regards to end-of-life care?

[INSERT OPEN-END TEXT BOX]

[RESUME ASKING EVERYONE]

25. If a person were dying, how likely or unlikely do you think it is that each of the following would happen?

[RANDOMIZE]	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Unsure
a. The dying person would be given aggressive medical treatments—even though professional medical societies, such as the American Medical Association, have determined those aggressive treatments are not beneficial.	13%	26%	27%	22%	12%
b. The dying person <u>would</u> be resuscitated and brought back—even though they had signed a document specifying they did <u>not</u> want to be resuscitated.	11	20	23	37	9
c. The dying person would receive aggressive treatments even though they had a written document specifying their preference for non-aggressive comfort care.	11	22	24	34	9

26. [TREND] Which of the following options do you think should be more important when it comes to health care at the end of people’s lives? [ROTATE 1, 2]

Delaying death and extending life as long as possible	13%
Helping people die with minimal pain, discomfort, and stress	74
Other (please specify)	2
Unsure	10

27. [C&C VISION STATEMENT] Please read the following statement and indicate whether you agree or disagree with the statement.

We should live in a society that affirms life and accepts the inevitability of death, embraces expanded options for compassionate dying, and empowers everyone to choose end-of-life care that reflects their values, priorities, and beliefs.

Strongly agree	55%	NET: 81%
Somewhat agree	26	
Neither agree nor disagree	12	NET: 3%
Somewhat disagree	2	
Strongly disagree	1	
Unsure	4	

[HIGHLIGHTER EXERCISE] In a moment, we’re going to show you the statement again.

As you read the text, please [IF MOBILE “touch” ELSE “click” NO QUOTES] and highlight in GREEN any words or phrases that you personally find very compelling. Please highlight in RED any words or phrases that are not compelling for you personally.

Please [IF MOBILE “touch” ELSE “click” NO QUOTES] on individual words to change their color. You may also [IF MOBILE “touch” OTHERWISE “click” NO QUOTES] on one word and drag across others to highlight multiple words at once. If you accidentally select a word, you may [IF MOBILE “touch” OTHERWISE “click” NO QUOTES] the word or words again to remove the highlight. You do not need to highlight all the words and should only highlight those words that impact your opinions or feelings.

When you’re ready, click the “Next” button. Remember, highlight words in GREEN that you personally find very compelling and highlight words in RED that are not compelling for you personally. If you accidentally select a word, you may [IF MOBILE “touch” OTHERWISE “click” NO QUOTES] the word or words again to remove the highlight.

Section 3—Experiences with Terminal Illness

[RESUME ASKING EVERYONE]

28. Have you ever had a close friend or family member die from an advanced, terminal illness?

Yes	70%
No	25
Unsure	5

[ASK IF YES (AC 1) IN Q29 n=697]

29. Was this close friend or family member offered hospice care or palliative care? If more than one of your friends or family members have been in this situation, please answer thinking about the person who died most recently, or who is currently in the final stages of their life.

Yes, offered hospice care	52%
Yes, offered palliative care	8
Yes, offered both hospice and palliative care	21
No	10
Unsure	9

[ASK IF YES (AC 1) IN Q29 n=697]

30. And have you personally cared for a close friend or family member during their advanced, terminal illness?

Yes	55%
No	44
Unsure	2

[ASK IF OFFERED HOSPICE OR PALLIATIVE CARE (AC 1-3) IN Q30 AND Q31 = AC1 YES, CODE QC_Q32 = YES OR NO ON RANDOM LEAST FILL BASIS, (cap at n=100 RESPONDENTS)] IF Q30 <> 1-3 OR Q31 <> YES, AUTOCODE QC_Q32 = NO. ASK IF QC_Q32 = YES n=108]

31. How would you describe your friend or family member’s experiences with hospice and/or palliative care? [INSERT OPEN-END TEXT BOX]

[RESUME ASKING EVERYONE]

32. And now thinking about yourself, how much thought have you given about the kind of care you would like to receive at the end of your life?

A great deal	30%
Some	33
Just a little	23
None	10
Unsure	4

34b. Have you personally received a six-month prognosis? That is, has a doctor told you that you have six months or less to live?

No, I have <u>not personally</u> received a six-month prognosis	91%
Yes, I have <u>personally</u> received a six-month prognosis	5
Unsure	4

[ASK IF YES (AC1) IN Q34, n=49]

35. Have you been offered hospice care or palliative care?

Yes, I have been offered hospice care	29%
Yes, I have been offered palliative care	24
Yes, I have been offered both hospice and palliative care	25
No	19
Unsure	3

[RESUME ASKING EVERYONE]

36. What is most important when you think about the kind of care you would like to receive at the end of your life? What are your personal preferences and priorities for your own end-of-life care—should you ever need it someday?

[INSERT OPEN-END TEXT BOX]

37. Thinking again about the kind of care you would like to receive at the end of your life, how important is each of the following to you?

[RANDOMIZE]		Very important	Somewhat important	Not important	Unsure
a.	Being able to die at home	41%	32%	18%	9%
b.	Being at peace spiritually	71	19	7	4
c.	Being comfortable and without pain	78	16	2	3
d.	Having loved ones with you	69	22	5	4
e.	Living as long as possible, even if your quality of life is very poor	23	22	46	9
f.	Making sure you or your family are not burdened financially by your care	76	18	3	4
g.	Making sure your loved ones are not burdened by tough decisions about your care	72	20	4	4
h.	Making sure your preferences and priorities for medical care are followed	73	20	3	4
i.	Deciding not to accept extreme measures to prolong your life, if they would significantly reduce your quality of life	55	30	6	8

38. If you had a choice, where would you prefer to die? **[RANDOMIZE AC 1:4]**

At home	60%
In a residential hospice facility	7
In a hospital	8
In a nursing home	1
Somewhere else (please specify)	3
No preference	9
Unsure	11

39. Thinking about discrimination in health care due to race, ethnicity, gender, disability, religion, or sexual orientation—do you feel that you personally have experienced or witnessed discrimination in any of the following circumstances?

[RANDOMIZE]		Yes	No	Unsure
a.	In your overall health care experiences (not including end-of-life care)	25%	64%	11%
b.	[ASK ONLY IF TERMINALLY ILL/YES (AC1) IN Q34] With your own end-of-life care (n=49)	51	34	15
c.	With your family or other loved ones related to end-of-life care	23	66	11

Section 4— Palliative and Hospice Care

40. [TREND] Prior to this survey, how familiar would you say you were with each of the following?

[RANDOMIZE]		Very familiar	Somewhat familiar	Not familiar	Unsure
a.	Advance care planning	30%	43%	22%	5%
b.	Hospice care	44	42	9	5
c.	Medical aid in dying	23	43	28	6
d.	Palliative care	23	31	39	8

41. [TREND] Please indicate whether you have a very favorable, somewhat favorable, somewhat unfavorable, or very unfavorable opinion of each of the following:

[ROTATE]		Very favorable	Somewhat favorable	Somewhat unfavorable	Very unfavorable	Unsure
a.	Hospice care	45%	33%	7%	3%	12%
b.	Palliative care	28	29	6	2	35

42. Please read this information about palliative care and answer the question below.

[SPLIT SAMPLE A ONLY, n=498]
Palliative care is medical care for people with serious or advanced illnesses that is focused on providing relief from pain and other symptoms and restoring patient comfort during their illness. This is distinct from therapeutic care, which focuses on treating or curing the disease. Palliative care may be provided alongside treatment that is designed to cure your disease.

[SPLIT SAMPLE B ONLY, n=504]
Palliative care is medical care for people with serious or advanced illnesses that is focused on providing relief from pain and other symptoms and restoring patient comfort during their illness. This is distinct from therapeutic care, which focuses on treating or curing the disease. Palliative care may be provided alongside treatment that is designed to cure your disease. A palliative care team is made up of multiple different professionals that work with the patient, family, and the patient's other doctors to provide medical, social, emotional, and practical support. The team is comprised of palliative care specialist doctors and nurses, and includes others such as social workers, nutritionists, and chaplains. Palliative care can be provided in hospitals, nursing homes, outpatient palliative care clinics and certain other specialized clinics, or at home.

[ASK EVERYONE]

Having heard more, what is your opinion of palliative care?

[ROTATE AC 1:4 AND 4:1]	
Very favorable	48%
Somewhat favorable	32
Somewhat unfavorable	5
Very unfavorable	5
Unsure	10

[RESUME ASKING EVERYONE]

43. If you had a chronic or serious health condition, how likely would you be to specifically ask your doctor whether you are eligible for palliative care?

Very likely	43%
Somewhat likely	36
Somewhat unlikely	7
Very unlikely	3
Unsure	12

[ASK IF Q43 = 3 or 4; CODE INTO QC_Q44 = YES OR NO ON RANDOM LEAST FILL BASIS (max n=100)] IF Q43 <> 3-4, AUTOCODE QC_Q44 = NO, ASK IF QC_Q44 = YES n=72]

44. What are one or two reasons you are unlikely to specifically ask your doctor whether you are eligible for palliative care, if you had a chronic or serious health condition?

[INSERT OPEN-END TEXT BOX]

[RESUME ASKING EVERYONE]

45. Please read this additional information about hospice care and answer the question below.

Hospice care is a type of health care that prioritizes a dying person’s comfort and quality of life by reducing their pain and suffering. It is only available to people whose doctor has indicated that they have six months or less to live. In most cases, hospice care can begin once a dying person decides not to continue medical treatments aimed at the fatal illness itself. At that point, the dying person can choose hospice care, which includes many of the same services that a person can get through palliative care—plus additional services such as 24-hour on-call service, medical equipment, and relief for family members who are providing care.

Having heard more, what is your opinion of hospice care?

[ROTATE AC 1:4 AND 4:1]	
Very favorable	53%
Somewhat favorable	28
Somewhat unfavorable	6
Very unfavorable	6
Unsure	7

46. If you were seriously ill, how likely would you be to specifically ask your doctor whether you were eligible for hospice care?

Very likely	49%
Somewhat likely	30
Somewhat unlikely	7
Very unlikely	4
Unsure	10

[ASK IF Q46 = 3 or 4; CODE INTO QC_Q47 = YES OR NO ON RANDOM LEAST FILL BASIS (max n=100)] IF Q46 <> 3-4, AUTOCODE QC_Q47 = NO. ASK IF QC_Q47 = YES, n=81]

47. What are one or two reasons you are unlikely to ask your doctor whether you are eligible for hospice care if you were seriously ill?

[INSERT OPEN-END TEXT BOX]

[RESUME ASKING EVERYONE]

Section 5—Dementia

48. How much thought have you given to the kind of care you would like to receive at the end of your life—if you were diagnosed with dementia?

A great deal	22%
Some	29
Just a little	22
None	20
Unsure	7

Imagine you were in a state of advanced dementia. Is there a point in your physical and mental decline from dementia that you would want to stop receiving life-sustaining treatments, or stop receiving food or fluids? Note that those treatments, food, or fluids would not cure your disease(s), they would only prolong your life. Please select all that apply.

[RESPONDENTS AC 1 OR AC 2 OR BOTH, BUT IF EITHER AC1 OR AC2 CANNOT CHOOSE AC 3]

Yes, I would want to <u>stop</u> receiving <u>life-sustaining treatments</u> at some point in my physical and mental decline from dementia	50%
Yes, I would want to <u>stop</u> receiving <u>food or fluids</u> at some point in my physical and mental decline from dementia	23
No, I would want to <u>continue</u> both life-sustaining treatments and food and fluids so I could live as long as possible—despite my physical and mental decline from dementia	19
Other: Please specify EXCLUSIVE	1
Unsure EXCLUSIVE	21

49. Think again about your answer to the previous question. If you were in that situation, how confident are you that you will get the care that you would want?

Very confident	31%
Somewhat confident	44
Not confident	9
Unsure	16

Section 6—Medical Aid in Dying

50. [TREND] In the last year or so, have you heard or read anything about people requesting medical aid in dying as an option when they are in the final stages of a terminal disease?

Yes	36%
No	51
Unsure	13

[ASK IF RESPONSE IN Q51= YES (AC1), IF NOT THEN SKIP n=365]

51. [TREND] And would you say that you have heard or read a lot, just some, or only a little about medical aid in dying?

A lot	18%
Some	46
A little	36
Unsure	1

[ASK IF RESPONSE IN Q51 = YES (AC1), IF NOT THEN SKIP n=365]

52. [TREND] Would you say that what you have heard or read about medical aid in dying has made you [ROTATE:] more inclined or less inclined to support medical aid in dying as an end-of-life care option for people who are dying from a terminal disease?

[ROTATE AC1-AC5]

Much more inclined to support	31%
Somewhat more inclined to support	24
No difference either way	23
Somewhat less inclined to support	9
Much less incline to support	8
Unsure	5

[RESUME ASKING EVERYONE]

53. [TREND] Do you think a mentally sound adult with an incurable, terminal illness—who only has six months or less to live—should have the legal option of medical aid in dying to get prescription medication they may take to pass peacefully in their sleep?

Yes, should have the legal option: feel strongly	44%	NET: 72%
Yes, should have the legal option: feel somewhat	28	
No, should <u>not</u> have the legal option: feel somewhat	6	NET: 12%
No, should <u>not</u> have the legal option: feel strongly	6	
Unsure	16	

54. Since Oregon legalized medical aid in dying in 1997, nine other states plus Washington D.C. have also authorized this medical practice. Do you think that medical aid in dying should be a legal option in your own state, or not?

Yes, should have the legal option in my state: feel strongly	43%
Yes, should have the legal option in my state: feel somewhat	28
No, should <u>not</u> have the legal option in my state: feel somewhat	6
No, should <u>not</u> have the legal option in my state: feel strongly	7
Unsure	16

55. [TREND] Would you be more likely or less likely to vote for a state legislator who supports the option for medical aid in dying?

More likely	44%
Less likely	13
Makes no difference	25
Prefer not to answer	3
Unsure	15

56. Thinking again about the kind of care you would like to receive at the end of your life, how important are each of the following for you personally?

[RANDOMIZE]		Very important	Somewhat important	Not important	Unsure
a.	Ensuring that if I had an incurable, terminal illness, I could get medication from my doctor that I could ingest to end unbearable suffering.	54%	26%	10%	10%
b.	Ensuring that if I had dementia, I would be able to document in advance the point at which I would want to refuse treatment, food, or fluids.	58	27	5	10
c.	Ensuring that if I go to the emergency room, I have the option of seeing a care team who helps me understand my treatment options and how those treatments will impact my quality of life.	69	22	3	6
d.	Ensuring that I understand how to make personal health care decisions that align with my personal preferences and priorities.	69	22	4	6
e.	Ensuring that I have access to all available options for end-of-life care—regardless of where I live or how much money I have.	66	23	4	7
f.	Ensuring that my end-of-life care will be guided by my own personal preferences and priorities—not those of some other person or some other entity (e.g., a religiously-affiliated hospital).	71	20	3	6

Section 7 – Access to Health Care Generally

Now here are some questions about your health care generally—not about end-of-life care.

57. Overall, how would you describe your health?

Excellent	17%
Good	50
Fair	28
Poor	4
Unsure	2

58. Do you have a regular doctor or health care provider you usually see if you get sick, or when you need routine health care, like a check-up?

Yes	82%
No	15
Unsure	3

59. Within the last year, have you actively sought medical treatment for something but were unable to receive the treatment you needed?

Yes	20%
No	76
Unsure	4

60. Some people have access to health insurance and others do not. What kind of health insurance do you have—or are you currently uninsured?

Insurance through my (or my spouse’s) employer	33%
Private insurance I have purchased myself	10
Medicaid	18
Medicare	25
Veterans Affairs or VA	3
Something else [Please specify: _____]	2
Currently uninsured	6
Unsure	3

61. Do you or anyone else in the household have a disability? For the purposes of this question, a disability is a physical or mental impairment that seriously limits your life activities such as conditions affecting a person’s vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships. Please select all that apply.

CAN CHOOSE AC 1 AND AC 2

Yes, myself	29%
Yes, another person in the household	13
No EXCLUSIVE	58
Unsure EXCLUSIVE	4

Section 8 – Final Demographics

The following questions are for statistical purposes only.

62. How would you describe the area where you live? Do you live in:

A large city with about a half-million people or more	20%
A smaller city	17
A suburb near a city	34
A small town	11
A rural area	16
Unsure	1

63. Which of the following best describes your current living situation?

Live alone in my own home (house, apartment, condo, trailer, etc.)	28%
Live in a household with other people	63
Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)	3
Live in a facility such as a nursing home which provides meals and 24-hour nursing care	1
Temporarily staying with a relative or friend	1
Temporarily staying in a shelter or are homeless	1
Live in a different setting other than the options described above (Please specify)	2
Unsure	2

64. Are you:

Married	40%
Separated	3
Divorced	12
Widowed	4
Living with a partner	9
Single and never married	31
Unsure	1

65. Were you born in the United States or in another country?

I was born in the United States	95%
I was born in another country [Please specify: _____]	4
Unsure	1

66. What is your religion, if any?

Protestant	21%
Catholic or Roman Catholic	25
Another kind of Christian [specify: _____]	11
Mormon (Church of Jesus Christ of Latter-day Saints/LDS)	1
Orthodox (Greek, Russian, or another orthodox church)	1
Jewish (Judaism)	2
Muslim (Islam)	2
Buddhist	1
Hindu	*
Atheist (do not believe in God)	4
Agnostic (not sure if there is a God)	5
Something else [Please specify: _____]	5
Nothing in particular	19
Unitarian	1

[ASK IF Q67 = PROTESTANT, CATHOLIC, OR ANOTHER KIND OF CHRISTIAN (AC 1-3)
n=581]

67. Do you consider yourself born again or an evangelical Christian?

Born again Christian	33%
Evangelical Christian	7
Both born again AND evangelical	6
No, neither	45
Unsure	9

RESUME ASKING EVERYONE]

68. How frequently do you attend religious services in person or online?

More than once a week	8%
Once a week	17
A few times a month	7
About once a month	5
Once every few months	8
Only for holidays or special occasions	9
Hardly ever or never	43
Unsure	3

69. Are you a parent?

Yes	60%
No	39
Unsure	1

70. Which of the following do you consider yourself to be?

Straight/heterosexual	89%
Gay	2
Lesbian	1
Bisexual	5
Other [Please specify]	*
Prefer not to answer	1
Unsure	1

71. And do you consider yourself to be transgender or not?

Yes	2%
No	96
Prefer not to answer	2
Unsure	1

72. What is your annual household income before taxes?

Under \$25,000	19%
\$25,000 to under \$50,000	27
\$50,000 to under \$75,000	24
\$75,000 to under \$100,000	11
\$100,000 to under \$200,000	13
\$200,000 or more	2
Unsure	3

[CODE RESPONDENT AS COMPLETE]